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PLACE OF BIRTH

of PalaARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICSState Index No. 128of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 187

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(No. 1)Local Registrar's No. _____
St.; _____ Ward)

NAME OF CHILD

If not named, make Supplemental Report on blank obtainable from local registrar.

Born NO
Alive YES

Twin, Triplet or other	and	Number in order of birth	Legiti- mate? <u>Y</u>	Date of Birth <u>4/5</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Maiden Name <u>Marina Felix</u>		Residence <u>Miami</u>		
Age at last Birthday <u>31</u> (Years)		Color or Race <u>Mex</u> Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Mex</u>		Occupation <u>HW</u>		
Number of child is mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 5 1919, at 709 M.*When there is no attending physi-
cian or midwife, then the householder
should make this return.(Signature) W. B. Brayton
(Attending physician, midwife, householder.*)

Name or Christian name added from a

Supplemental report _____ 1919Address
Filed April 10 1919372-405-469
COUNTY REGISTRAR.A True Copy
Filed May 16 1919W. B. Brayton
LOCAL REGISTRAR.
B. G. Lox
COUNTY REGISTRAR.